### <u>APPLICATION DATA SHEET</u>

# **APPLICATION INFORMATION**

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title:: Inhibitors of Papilloma Virus

Attorney Docket Number:: 13/073-1-D1

Request for Early Publication?:: No

Request for Non-Publication?:: No

**Total Drawing Sheets::** 

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

### **APPLICANT INFORMATION**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Christiane

Middle Name::

Family Name:: Yoakim

Name Suffix::

City of Residence:: Laval

State or Province of Residence:: Québec

Country of Residence:: Canada

Street of mailing address:: 2100 Cunard Street

City of mailing address:: Laval

State r Provinc of mailing address:: Québec

Country of mailing address:: Canada

Postal r Zip Cod of mailing address:: H7S 2G5

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Bruno

Middle Name::

Family Name:: Haché

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Canada

Street of mailing address:: 2100 Cunard Street

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Canada

Postal or Zip Code of mailing address::

H7S 2G5

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: William

Middle Name:: W.

Family Name:: Ogilvie

Name Suffix::

City of Residence:: Laval
State or Province of Residence:: Québec
Country of Residence:: Canada

Street of mailing address:: 2100 Cunard Street

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Canada

Postal or Zip Code of mailing addr ss:: H7S 2G5

**Applicant Authority Type::** Inventor **Primary Citizenship Country::** Canada

**Full Capacity** Status::

Given Name:: Jeffrey

Middle Name::

Family Name:: O'Meara Name Suffix::

City of Residence:: Laval

State or Province of Residence:: Québec Canada **Country of Residence::** 

2100 Cunard Street Street of mailing address::

Laval

State or Province of mailing address:: Québec

City of mailing address::

Middle Name::

Canada Country of mailing address::

Postal or Zip Code of mailing address:: H7S 2G5

**Applicant Authority Type::** Inventor **Primary Citizenship Country::** Canada

Full Capacity Status::

Given Name:: Peter

White Family Name::

Name Suffix::

City of Residence:: Laval

State or Province of Residence:: Québec

**Country of Residence::** Canada

Street of mailing address:: 2100 Cunard Street

City of mailing address:: Laval

State or Province of mailing address:: Québec

Canada Country of mailing address::

H7S 2G5 Postal or Zip Code f mailing address::

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada

Status:: Full Capacity

Given Name:: Nathalie

Middle Name::

Family Name:: Goudreau

Name Suffix::

City of Residence:: Laval

State or Province of Residence:: Québec

Country of Residence:: Canada

Street of mailing address:: 2100 Cunard Street

City of mailing address:: Laval

State or Province of mailing address:: Québec

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: H7S 2G5

**CORRESPONDENCE INFORMATION** 

Correspondence Customer Number:: 28513

REPRESENTATIVE INFORMATION

Representative Customer Number:: 28513

## **DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	10/023,975	12/17/2001
which is a	Non-Provisional of	60/256,706	12/18/2000
	Non-Provisional of		

### FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed::
			Yes
			Yes

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# **ASSIGNEE INFORMATION**

Assignee name:: Boehringer Ingelheim (Canada) Ltd.

Street of mailing address:: 2100 Cunard Street

City of mailing address:: Laval

State or Province of mailing address:: QUE

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: H7S 2G5